

## INDICATION QUESTIONNAIRE- CITY AND COUNTY

### GENERAL INFORMATION

District Name:			
Contact Person:		Phone:	
Fax:		Email:	
District Address:			
City:		State:	
		ZIP Code:	

### CURRENT PROGRAM

Type	Expiration Date	Expiring Premiums
Workers' Compensation		
General Liability		
Property/Auto		
Boiler & Machinery		
Bond		
<b>Total Premium</b>		

### COMPANY INFORMATION

Annual Operating Budget	
Real Property Value-Building and Improvements	
Personal Property Value-Building and Improvements	
Autos Value (Licensed Vehicles)	
Mobile Equipment Value (Unlicensed )	
Federal Tax ID#	

### PAYROLL BY CLASS

Police/Sheriff (7720)	
Clerical (8810)	
Library Workers (8810-4)	
Fire	
Manual Labor (9420)	
Other (                    )	
<b>Total Payroll</b>	

### EMPLOYEE INFORMATION

Number of Full Time Employees	
Number of Part Time Employees	
Number of Volunteers	

**Note:** This form is used to provide a **contribution indication only**. A full application will be needed in order to bind coverage. **All figures** should be current fiscal year. Thank you. Please fax this form to Dan Berry at (530) 934-8133 or email [dberry@gsrma.org](mailto:dberry@gsrma.org).

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